

Value of Telehealth and Overcoming Barriers for Rapid Deployment



The West Virginia Telehealth Alliance (WVTA)

Our mission is to educate and enable interested West Virginia organizations or individuals that are interested in telehealth technologies. The WVTA recommends telehealth/telemedicine to be used as a tool to improve health care delivery, extend work force to areas of need and improve health outcomes in our state. Our role is of an educator and enabler of creative collaborative programs for telehealth solutions in West Virginia.

West Virginia Telehealth Alliance Activities

- The WVTA via the FCC, participated in a Rural Health Care Pilot Project that saw over 100 broad band improvements throughout the State for health care use and fiber upgrades to Marshall's School of Medicine
- The WVTA gave guidance to the Bureau for Behavioral Health and Health Facilities' "Youth Centers Project." We guided awarded sites wishing to utilize telehealth technologies for workforce outreach focused towards at risk youth with substance abuse problems
- We have responded to over 300 requests for telehealth guidance and advice

Telehealth

- Delivery of health-related services and information via electronic information and telecommunication technologies
- Encompasses the preventative, promotive and curative aspects
- Technology solutions

Types of Services

- Direct services for medical treatment
 - Doctor to patient
 - Nurses to patient
 - Doctor to doctor/nurse
- Remote patient monitoring
 - Post-hospitalization monitoring
 - Chronic care management
- Consumer medical and health information
- Medical education

The Triple Aim Initiative and Telehealth

- Dimensions:
 - 1. Improving patient experience of care (quality and satisfaction)
 - 2. Improving health outcomes
 - 3. Reducing costs of health care
- How does telehealth support the Triple Aim Initiative?
 - Not about the technology for technology sake
 - Using technology to support and promote health outcomes
 - The Virtual Medical Home
 - Patient centered care
 - Community based care

Telehealth promotes access to Care

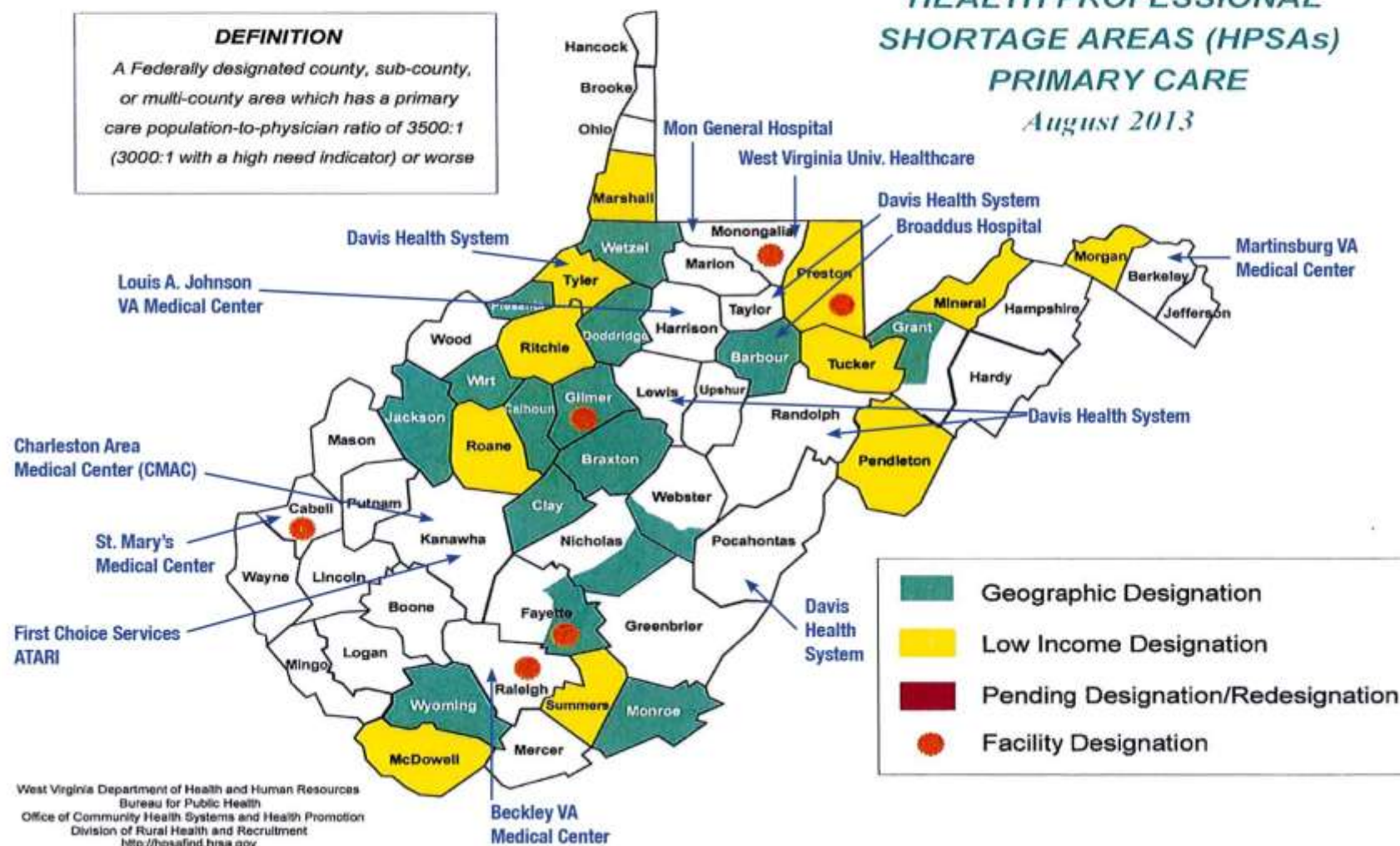
- Good telehealth policy: No artificial or non-medical restrictions
- Examples of restrictions:
 - Geography/distance limitations
 - Established patient-provider relationship or in-person exam
 - Patient setting
 - Provider type restrictions
 - Limits on technology
- Goal:
 - Identify existing statutes and/or regulations that result in barriers, ie, HPSA designations

Primary Care HPSA Designations

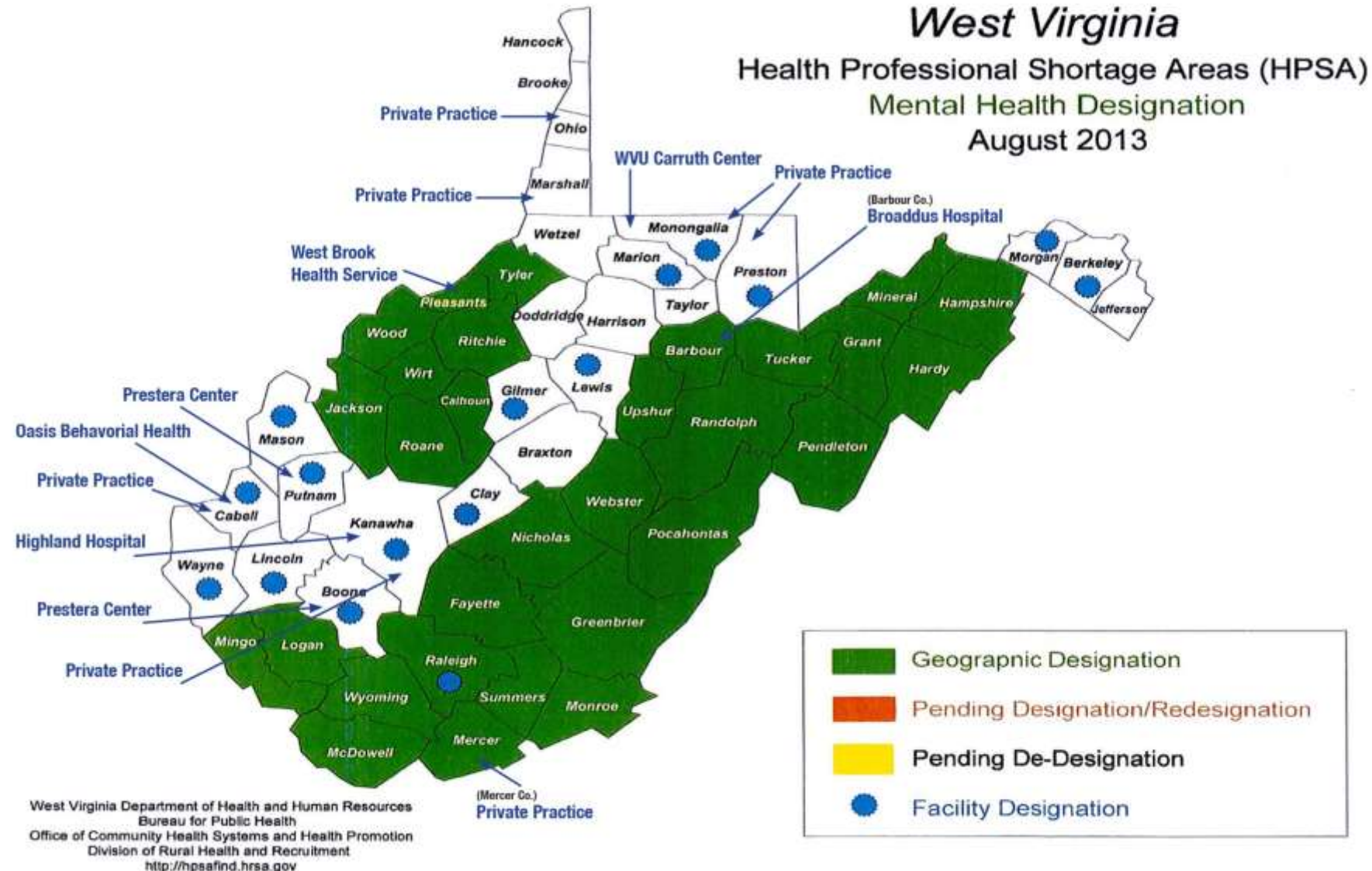
*WEST VIRGINIA
HEALTH PROFESSIONAL
SHORTAGE AREAS (HPSAs)
PRIMARY CARE
August 2013*

DEFINITION

A Federally designated county, sub-county, or multi-county area which has a primary care population-to-physician ratio of 3500:1 (3000:1 with a high need indicator) or worse



Mental Health HPSA Designations



Value of telehealth

- **Cost Effectiveness**

- “Integrated Telehealth and Care Management Program for Medicare Beneficiaries with Chronic Disease Linked to Savings” Health Buddy Program – reduced spending 7.7 to 13.3 % per person per quarter
- “The Cost-effectiveness of teleneurology consultations for patients admitted to hospitals without neurologists on site” – no appreciable differences noted between clinical outcomes for in-person vs telehealth services.
- “A comparison of care at E-visits and physician office visits and physicians office visits for sinusitis and urinary tract infection.” Lower cost for e-visit. Higher antibiotic use for e-visit (likely to be guideline recommended)

- **Quality of Care**

- “A randomized trial of telenursing to reduce hospitalization for heart failure: patient-centered outcomes and nursing indicators.”
- “Telerheumatology: Diagnostic accuracy and acceptability to patient, specialist and general practitioner.” Accurate (97%) and acceptable to patients practitioner and specialists.

- **Patient Satisfaction**

- “Patient satisfaction with telemedicine”. Overall satisfaction was 98.3%

Value-based and Evidence-based – The West Virginia Experience

- Lewisburg pediatric neurology telemedicine visits 2009 – 100 visits
- 53 were Medicaid patients
- Cost savings of travel based on \$0.405/mile = \$3249.14
- Cost savings of travel based on \$0.575/mile = \$4613.00
- Families costs of traveling to Morgantown
 - Miss a day of work
 - Finding a car that can make the trip/ having the gas money
 - Lack of child care so other children have to come

Value-based and Evidence-based – The West Virginia Experience

Davis Case Study:

Mrs. B., 74 yr old patient admitted X2 for surgery: 38 **IP days** Oct. - Nov. 2014 & 41 **IP days** Dec. - Jan. 2015.

Total Cost of Inpatient [IP] Care: \$ 385,401.00.

Tele-PostOp Cost Savings: Teleconsults upon Hospital Discharge

- Ambulance trip \$800 from NH swing bed to surgeon
OP Office (8 virtual office visits vs. \$6400 ambo)
- ED admission ~ \$900
- Inpatient [IP] Re-admission \$2000-3000
- Room Rate ~ \$525/day (previous 2 stays, 38 & 41 days)

Why is Telehealth not thriving in West Virginia?

West Virginia University's Mountaineer Doctor Television (MDTV) established in late 1980s and was on the leading edge of telehealth technology at the time.

Initially, payments for telemedicine was established for hub and spoke sites, however that changed over time.

Growth in the use of telehealth grew stagnate. However, the need for Telehealth increased and technology progressed.

The needed technology is in most of our communities hands with the proliferation of smart phones, computer technologies and internet access improvements

What is missing?

Policy and Financing

- West Virginia Medicaid
 - Behavioral Health side is very progressive
 - Health Care side follows the CMS regulations which would exclude many counties from participating because they are considered urban by CMS definitions.
- Suggestion – bring Health Care side in line with Behavioral Health

PATIENT SETTING / ORIGINATING SITE

- Some states follow Medicare's statutory and regulatory guidance on telehealth services when devising their own state plans, which may result in the authorized coverage of only real-time audio-video interactions, while EXCLUDING remote monitoring or allowing coverage in only rural areas or only coverage of LIMITED CLINICAL SETTINGS.
- There are other sites that provide access to care for those who have a difficult time accessing in-person healthcare due to mobility limitations, major distance or time barriers, and transportation limitations (lack of a car or public transit); telemedicine allows this vulnerable population to receive critical, and sometimes life-saving care or care/education on the overwhelming WV problems of chronic care issues.
- Sites to consider: Senior Centers, Health Departments, Senior Housing Enterprises such as those sponsored through HUD, Housing Authorities, etc.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Medicare & Medicaid Services



Telehealth Services

RURAL HEALTH FACT SHEET SERIES

Please note: The information in this publication applies only to the Medicare Fee-For-Service Program (also known as Original Medicare).

This publication provides the following information on calendar year (CY) 2015 Medicare telehealth services:

- ❖ Originating sites;
- ❖ Distant site practitioners;
- ❖ Telehealth services;
- ❖ Billing and payment for professional services furnished via telehealth;
- ❖ Billing and payment for the originating site facility fee;
- ❖ Resources; and
- ❖ Lists of helpful websites and Regional Office Rural Health Coordinators.

When "you" is used in this publication, we are referring to physicians or practitioners at the distant site.

Medicare pays for a limited number of Part B services furnished by a physician or practitioner to an eligible beneficiary via a telecommunications system. For eligible telehealth services, the use of a telecommunications system substitutes for an in-person encounter.



ORIGINATING SITES

An originating site is the location of an eligible Medicare beneficiary at the time the service furnished via a telecommunications system occurs. Medicare beneficiaries are eligible for telehealth services only if they are presented from an originating site located in:

- ❖ A rural Health Professional Shortage Area (HPSA) located either outside of a Metropolitan Statistical Area (MSA) or in a rural census tract; or
- ❖ A county outside of a MSA.

CPT only copyright 2013 American Medical Association. All rights reserved. CPT is a registered trademark of the American Medical Association. Applicable FARSDARS Restrictions Apply to Government Use. Fee schedules, relative value units, conversion factors and/or related components are not assigned by the AMA, are not part of CPT, and the AMA is not recommending their use. The AMA does not directly or indirectly practice medicine or dispense medical services. The AMA assumes no liability for data contained or not contained herein.

ICN 901705 December 2014

The Health Resources and Services Administration (HRSA) determines HPSAs, and the United States (U.S.) Census Bureau determines MSAs. You can access HRSA's website tool to determine a potential originating site's eligibility for Medicare telehealth payment at <http://www.cms.gov/Medicare/Medicare-General-Information/Telehealth> on the Centers for Medicare & Medicaid Services (CMS) website.

Entities that participate in a Federal telemedicine demonstration project approved by (or receiving funding from) the Secretary of the Department of Health and Human Services as of December 31, 2000, qualify as originating sites regardless of geographic location.

Each CY, the geographic eligibility of an originating site is established based on the status of the area as of December 31st of the prior calendar year, and such eligibility continues for the full CY.

The originating sites authorized by law are:

- ❖ The offices of physicians or practitioners;
- ❖ Hospitals;
- ❖ Critical Access Hospitals (CAH);
- ❖ Rural Health Clinics;
- ❖ Federally Qualified Health Centers;
- ❖ Hospital-based or CAH-based Renal Dialysis Centers (including satellites);
- ❖ Skilled Nursing Facilities (SNF); and
- ❖ Community Mental Health Centers (CMHC).

Note: Independent Renal Dialysis Facilities are not eligible originating sites.

DISTANT SITE PRACTITIONERS

Practitioners at the distant site who may furnish and receive payment for covered telehealth services (subject to State law) are:

- ❖ Physicians;
- ❖ Nurse practitioners (NP);
- ❖ Physician assistants (PA);
- ❖ Nurse-midwives;
- ❖ Clinical nurse specialists (CNS);
- ❖ Certified registered nurse anesthetists;



- ❖ Clinical psychologists (CP) and clinical social workers (CSW). CPs and CSWs cannot bill for psychiatric diagnostic interview examinations with medical services or medical evaluation and management services under Medicare. These practitioners may not bill or receive payment for Current Procedural Terminology (CPT) codes 90792, 90833, 90836, and 90838; and
- ❖ Registered dietitians or nutrition professionals.

TELEHEALTH SERVICES

As a condition of payment, you must use an interactive audio and video telecommunications system that permits real-time communication between you, at the distant site, and the beneficiary, at the originating site. Asynchronous "store and forward" technology is permitted only in Federal telemedicine demonstration programs conducted in Alaska or Hawaii.

The chart on pages 3 and 4 provides the CY 2015 list of Medicare telehealth services.

CPT only copyright 2013 American Medical Association. All rights reserved.

WEST VIRGINIA BOARD OF MEDICINE – DEFINITION OF TELEMEDICINE ENCOUNTER

- The West Virginia Board of Medicine’s Position paper on Telemedicine outlines the patient-provider relationship. Telemedicine is allowed in lieu of an in-person examination to establish the patient-physician relationship.

The WVBOM’s identification of the first-time encounter being done via telemedicine is in contrast and inconsistent with some of the State’s three major payers’ [private insurance, Medicaid, and state employee coverage] verbiage regarding the ‘established’ patient-physician relationship that dictates reimbursement. Some telemedicine encounters will not be viewed as face-to-face care and reimbursed unless a first “in-person” encounter is done.

Some States’ Boards require a patient to be located in a health provider’s office or other health care facility to qualify as Patient Setting/Originating Site; [See Medicare CY 2014 Telehealth Services List]. WVBOM does not identify the Patient Setting. The ATA is contacting individual Boards to discuss unwarranted barriers such as the above, for individuals wanting a telemedicine-provided service.

WV MEDICAID & DIABETES SELF MANAGEMENT TRAINING

- 1.) WV's high prevalence of obesity, inactivity and diabetes continues to increase – public health issues in West Virginia and details are found in the 2014 listing of Key Health Data About West Virginia; West Virginia health data on a county-by-county level provided by the Robert Wood Johnson Foundation.
- 2.) WV Medicaid in 2009 provided reimbursement for Exercise and Nutrition Program – Chapter 527.30.5.1 (utilizing Registered Dietician for Nutrition).
- 3.) Medicare covers individual and group diabetes self-management training [DSMT] services through a Certified Diabetes program run by Registered and Certified Dietician; Medicaid does not cover DSMT services.
- 4.) **Patient Setting** dictates reimbursement for payers covering DSMT;
consider flexibility once again in what constitutes Patient Setting or Originating Site – individuals may be in a Senior Residential Setting, in Senior Center, etc.
as it is easier access to education and instruction via telemedicine.



CHAPTER 527 COVERED SERVICES, LIMITATIONS, AND EXCLUSIONS FOR MOUNTAIN HEALTH CHOICES

527.30.4.3	Reimbursement	35
527.30.5	Weight Management Program	36
527.30.5.1	Exercise and Nutrition Programs	37
527.30.5.1.1	Provider Participation Requirements	37
527.30.5.1.2	Eligibility	37
527.30.5.1.3	Fundamental Requirements of the Program	38
527.30.5.1.4	Billing Information	39
527.30.6	Bariatric Surgical Procedures	40
527.30.6.1	Medical Necessity Review and Prior Authorization	40
527.30.6.2	Physician Credentialing Requirements	41
527.30.6.3	Physician Professional Services	42
527.30.6.4	Reimbursement	42
527.30.6.5	Covered Bariatric Procedures	42
527.30.6.6	Non-Covered Bariatric Procedures	43
527.31	Managed Care	43

Appendix 1: Eligibility Categories for MHC Enrollment

Appendix 2: Member Agreement

Appendix 3: Health Improvement Plan for Adults and Children

Appendix 4: Benefits at a Glance for Adults and Children



CHAPTER 527 COVERED SERVICES, LIMITATIONS, AND EXCLUSIONS FOR MOUNTAIN HEALTH CHOICES

medicine counseling, individual and group exercise classes with nutritional counseling, and bariatric surgery. The goal of these services is to assist the client who is pre-diabetic and has co-morbid conditions to implement lifestyle changes and further and maintain health status improvements.

527.30.5.1 EXERCISE and NUTRITION PROGRAMS

Exercise programs, coupled with nutritional programs, may assist members in making lifestyle changes that will reduce the incidence of obesity, diabetes, heart disease and other risk factors, while improving overall health status.

The emphasis for this service is on assisting the member to establish an exercise and nutritional regimen that meets their personal fitness and nutrition needs, provides a supportive place in which to exercise, assists the member in understanding the importance of exercise in a healthy life, and transitioning them to maintain an ongoing exercise program in their home or community.

527.30.5.1.1 Provider Participation Requirements

In addition to requirements established in Chapter 300, exercise facilities must meet the specific requirements below in order to participate in and receive payment from BMS:

- The facility must provide the following personnel and provide appropriate documentation that the required personnel are licensed/credentialed:
 - Exercise physiologist
 - Certified trainer (ACSM = American College of Sports Medicine or ACE=American Council on Exercise)
 - Registered and licensed dietitians

Facilities will enroll with BMS. Because the personnel may not practice as individual practitioners, each service provider will be provided a Medicaid number as staff of the facility for identification purposes when billing. This individual number cannot be used independently and must be billed with the facility's number.

Services may be delivered through a single site or between two sites with a formal agreement between the two parties. Appropriately credentialed staff may be shared and services provided via telehealth. See section 527.30.5.1.4 for billing telehealth services.

527.30.5.1.2 Eligibility

Adults

Adult members who are enrolled in the Enhanced Benefit Plan who have a BMI \geq 25 with co-morbid conditions (heart disease, diabetes, hypertension, sleep apnea) OR persons with a BMI \geq 30 and are pre-diabetic will be eligible for fundamental exercise and nutritional services. The member must be referred by the primary care provider (medical home).

CY 2015 Medicare Telehealth Services

Service	Healthcare Common Procedure Coding System (HCPCS)/CPT Code
Telehealth consultations, emergency department or initial inpatient	HCPCS codes G0425–G0427
Follow-up inpatient telehealth consultations furnished to beneficiaries in hospitals or SNFs	HCPCS codes G0406–G0408
Office or other outpatient visits	CPT codes 99201–99215
Subsequent hospital care services, with the limitation of 1 telehealth visit every 3 days	CPT codes 99231–99233
Subsequent nursing facility care services, with the limitation of 1 telehealth visit every 30 days	CPT codes 99307–99310
Individual and group kidney disease education services	HCPCS codes G0420 and G0421
Individual and group diabetes self-management training services, with a minimum of 1 hour of in-person instruction to be furnished in the initial year training period to ensure effective injection training	HCPCS codes G0108 and G0109
Individual and group health and behavior assessment and intervention	CPT codes 96150–96154
Individual psychotherapy	CPT codes 90832–90834 and 90835–90838
Telehealth Pharmacologic Management	HCPCS code G0459
Psychiatric diagnostic interview examination	CPT codes 90791 and 90792
End-Stage Renal Disease (ESRD)-related services included in the monthly capitation payment	CPT codes 90951, 90952, 90954, 90955, 90957, 90958, 90960, and 90961
Individual and group medical nutrition therapy	HCPCS code G0270 and CPT codes 97802–97804
Neurobehavioral status examination	CPT code 96118
Smoking cessation services	HCPCS codes G0436 and G0437 and CPT codes 99406 and 99407
Alcohol and/or substance (other than tobacco) abuse structured assessment and intervention services	HCPCS codes G0396 and G0397
Annual alcohol misuse screening, 15 minutes	HCPCS code G0442
Brief face-to-face behavioral counseling for alcohol misuse, 15 minutes	HCPCS code G0443
Annual depression screening, 15 minutes	HCPCS code G0444
High-intensity behavioral counseling to prevent sexually transmitted infection; face-to-face, individual, includes: education, skills training and guidance on how to change sexual behavior; performed semi-annually, 30 minutes	HCPCS code G0445
Annual, face-to-face intensive behavioral therapy for cardiovascular disease, individual, 15 minutes	HCPCS code G0446
Face-to-face behavioral counseling for obesity, 15 minutes	HCPCS code G0447
Transitional care management services with moderate medical decision complexity (face-to-face visit within 14 days of discharge)	CPT code 99495
Transitional care management services with high medical decision complexity (face-to-face visit within 7 days of discharge)	CPT code 99496
Psychoanalysis (effective for services furnished on and after January 1, 2015)	CPT codes 90845
Family psychotherapy (without the patient present) (effective for services furnished on and after January 1, 2015)	CPT code 90846

CPT only copyright 2013 American Medical Association. All rights reserved.

What is the Regional Perspective on Telehealth?

- **Six Elements for Telehealth Success:**

- **Policy** – State and federal government legislative and administrative policy, as well as private sector institutional policy align for the use of telehealth.
- **Financing** – Coverage of care that incorporates telehealth reimbursement.
- **Evidence** – Research and field studies that demonstrate improved quality and outcomes, and reduced costs is incorporated in healthcare practices.
- **Technology** – Advancements that improve usability, access, and decrease costs.
- **Practice Change** – Successfully transforming health systems to take full advantage of telehealth benefits and integrating these practices into standards of care.
- **Consumer Demand** – Meeting patient needs, and fostering acceptance and confidence in telehealth

Neighboring States have adopted telehealth friendly legislation

- Virginia's law leveled the playing field with private insurance to require that there is no difference between regular health care and telehealth concerning reimbursement.
- § 38.2-3418.16. Coverage for telemedicine services.
- A. Notwithstanding the provisions of § [38.2-3419](#), each insurer proposing to issue individual or group accident and sickness insurance policies providing hospital, medical and surgical, or major medical coverage on an expense-incurred basis; each corporation providing individual or group accident and sickness subscription contracts; and each health maintenance organization providing a health care plan for health care services shall provide coverage for the cost of such health care services provided through telemedicine services, as provided in this section.

ATA Coverage and Reimbursement grades 2015

- Which states are progressive concerning Telehealth in our region
- Maryland
- Kentucky
- Virginia

Telemedicine in Maryland




PARITY:		<ul style="list-style-type: none">• Maryland's private insurance parity law was enacted in 2012.¹⁰⁵• The parity law also applies to the fully insured health plan offerings for Maryland's state employees.
Private Insurance	A	
Medicaid ¹⁰⁶	C	
State Employee Health Plan	B	<p>Medicaid</p> <ul style="list-style-type: none">• MD Medicaid issued new rules effective October 2014. Despite having statutory authority to cover and reimburse for all services appropriately provided via telemedicine the new rules place limits on allowable patient settings and types of providers who may render and get reimbursed for telemedicine.• The state no longer has 2 distinct telemedicine programs for rural patients and stroke/cardiovascular services.• Telemedicine must enable the patient "to see and interact" with the health care provider. The agency does not cover RPM or store-and-forward.• Distant site and originating site providers must have formal agreements detailing their telemedicine service delivery plan.
MEDICAID SERVICE COVERAGE & CONDITIONS OF PAYMENT:		
Patient Setting	C	
Eligible Technologies	F	
Distance or Geography Restrictions	A	
Eligible Providers	F	
Physician-provided Services	B	
Mental/behavioral Health Services	B	
Rehabilitation	N/A	
Home Health	F	
Informed Consent	A	
Telepresenter	B	
INNOVATIVE PAYMENT OR SERVICE DELIVERY MODELS:		
State-wide Network		
Medicaid Managed Care	✓	
Medicare-Medicaid Dual Eligibles		
Health Home		
HCBS Waiver		
Corrections	✓	
Other		

Telemedicine in Kentucky



PARITY:		<ul style="list-style-type: none">Kentucky's private insurance parity law was enacted in 2000 and also includes coverage for state employee health plans.⁹⁰
Private Insurance	A	
Medicaid ⁹¹⁻⁹²	B	
State Employee Health Plan	A	
MEDICAID SERVICE COVERAGE & CONDITIONS OF PAYMENT:		<p>Medicaid</p> <ul style="list-style-type: none">Independent rehabilitation specialists are not eligible for telemedicine reimbursement under Medicaid rules.Coverage for interactive audio-video only.Requires written informed consent.
Patient Setting	A	
Eligible Technologies	F	
Distance or Geography Restrictions	A	
Eligible Providers	B	
Physician-provided Services	B	
Mental/behavioral Health Services	B	
Rehabilitation ⁹³	A	
Home Health	C	
Informed Consent	F	
Telepresenter	A	
INNOVATIVE PAYMENT OR SERVICE DELIVERY MODELS:		
State-wide Network		
Medicaid Managed Care ⁹⁴	✓	
Medicare-Medicaid Dual Eligibles		
Health Home		
HCBS Waiver		
Corrections	✓	
Other		


Telemedicine in Virginia



PARITY:		
Private Insurance ²¹⁸	A	<ul style="list-style-type: none"> VA's parity law was enacted in 2010 and includes coverage for telemedicine under state employee health plans as well.²¹⁹
Medicaid ²²⁴	B	
State Employee Health Plan	A	
MEDICAID SERVICE COVERAGE & CONDITIONS OF PAYMENT:		
Patient Setting	C	<p>Medicaid</p> <ul style="list-style-type: none"> Coverage for telemedicine under Medicaid extends to managed care plans as well. The agency imposes restrictions on the patient setting. Medicaid restrictions on covered services and designates eligible distant site providers as a condition of payment. However Virginia is 1 of 3 states that includes specific coverage of obstetric and gynecological services including ultrasounds.²²⁰ Covers speech-language therapy under its school-based program.²²¹⁻²²³ Coverage for interactive audio-video and store-an-forward for diabetic retinopathy and dermatological services.
Eligible Technologies	C	
Distance or Geography Restrictions	A	
Eligible Providers	C	
Physician-provided Services ²²⁵⁻²²⁶	B	
Mental/behavioral Health Services	B	
Rehabilitation	B	
Home Health	F	
Informed Consent	A	
Telepresenter	A	
INNOVATIVE PAYMENT OR SERVICE DELIVERY MODELS:		
State-wide Network ²²⁷	✓	<p>Innovation</p> <ul style="list-style-type: none"> CMS approved VA plan to waive Medicare telemedicine statutory restrictions (1834m) for dual eligible population.
Medicaid Managed Care ²²⁸	✓	
Medicare-Medicaid Dual Eligibles ²²⁹	✓	
Health Home		
HCBS Waiver		
Corrections ²³⁰	✓	
Other		

States in our region that need some improvement

- Ohio
- Pennsylvania

Telemedicine in Ohio			
PARITY:			
Private Insurance	F		<ul style="list-style-type: none">No telemedicine parity law. SB 32 introduced in 2015 to establish telehealth parity under private insurance and Medicaid.¹⁷⁹
Medicaid	C		
State Employee Health Plan	F		
MEDICAID SERVICE COVERAGE & CONDITIONS OF PAYMENT:			
Patient Setting	C		<p>Medicaid</p> <ul style="list-style-type: none">New Medicaid regulations expand telemedicine coverage to include consultations by physicians and a limited selection of practitioners. The new rules also requires that the distant and originating site be at least 5 miles away.¹⁸⁰Coverage also includes school-based speech therapy, behavioral health counseling and therapy, mental health assessment, pharmacological management, and community psychiatric supportive treatment service via interactive audio-video only.¹⁸¹Medicaid allows beneficiaries to choose the patient location when telemedicine is used for some mental/behavioral health services.Requires written informed consent for mental and behavioral health services.
Eligible Technologies	F		
Distance or Geography Restrictions	B		
Eligible Providers	C		
Physician-provided Services	B		
Mental/behavioral Health Services ¹⁸³⁻¹⁸⁷	B		
Rehabilitation ¹⁸⁸	B		
Home Health	F		
Informed Consent	F		
Telepresenter	A		
INNOVATIVE PAYMENT OR SERVICE DELIVERY MODELS:			
State-wide Network			<p>Innovation</p> <ul style="list-style-type: none">CMS approved health home proposal allows service delivery via in-person, by telephone, or by video conferencing.¹⁸²
Medicaid Managed Care	✓		
Medicare-Medicaid Dual Eligibles			
Health Home	✓		
HCBS Waiver			
Corrections	✓		
Other			

Telemedicine in Pennsylvania		
PARITY:		
Private Insurance	F	<ul style="list-style-type: none">Bordered by MD and NY which have private insurance parity laws. 2015 legislation introduced to establish telemedicine parity for private insurance.¹⁹⁴
Medicaid ¹⁹⁶	B	
State Employee Health Plan	F	
MEDICAID SERVICE COVERAGE & CONDITIONS OF PAYMENT:		
Patient Setting	A	<p>Medicaid</p> <ul style="list-style-type: none">Medicaid imposes restrictions on the covered services and designates eligible distant site providers as a condition of payment.PA offers a number of telemedicine modalities in the home of qualified beneficiaries including sensors, medication management, and RPM under a CMS HCBS waiver.¹⁹⁵Coverage for interactive audio-video only for physician and mental health services.Requires written informed consent and a telepresenter.
Eligible Technologies	C	
Distance or Geography Restrictions	A	
Eligible Providers	F	
Physician-provided Services ¹⁹⁷	B	
Mental/behavioral Health Services	B	
Rehabilitation	N/A	
Home Health	C	
Informed Consent	B	
Telepresenter	C	
INNOVATIVE PAYMENT OR SERVICE DELIVERY MODELS:		
State-wide Network		<p>Innovation</p>
Medicaid Managed Care	✓	
Medicare-Medicaid Dual Eligibles		
Health Home		
HCBS Waiver	✓	
Corrections		
Other		

How does West Virginia stack up against our border States?

- We have some work to do...

Telemedicine in West Virginia			
PARITY:			
Private Insurance	F		
Medicaid ²³⁷	F		
State Employee Health Plan	F		
MEDICAID SERVICE COVERAGE & CONDITIONS OF PAYMENT:			
Patient Setting	C		
Eligible Technologies	F		
Distance or Geography Restrictions	C		
Eligible Providers	C		
Physician-provided Services	B		
Mental/behavioral Health Services ²³⁸⁻²³⁹	A		
Rehabilitation	F		
Home Health	F		
Informed Consent	B		
Telepresenter	B		
INNOVATIVE PAYMENT OR SERVICE DELIVERY MODELS:			
State-wide Network			
Medicaid Managed Care ²⁴⁰	✓		
Medicare-Medicaid Dual Eligibles			
Health Home	✓		
HCBS Waiver			
Corrections			
Other			

- WV is bordered by 2 states with private insurance parity laws: Kentucky and Virginia. No parity legislation introduced in 2015.

Medicaid

- Coverage is limited to originating sites located in non-metropolitan professional shortage areas for services listed under the physician benefit. This restriction does not apply to telemedicine services provided under the mental and behavioral health benefit. In fact WV Medicaid encourages providers to use telemedicine to enhance access to mental and behavioral health services.
- Coverage for interactive audio-video only.
- Managed care plan covers weight management services including preventative medicine counseling and individual and group exercise classes with nutritional counseling. Only state to allow exercise physiologists and certified trainers as eligible distant site providers.
- Requires telepresenter on patient site premises and unspecified form of consent only for behavioral health services.

The Future of Telehealth Services in WV

- UPMC has recently requested a certificate of need to provide telehealth services in West Virginia
- Maryland, Kentucky and Virginia could very well provide telehealth services in our State today
- Telehealth can make a difference in workforce extension
- Telehealth can cut down on expensive travel
- Telehealth should cut down on unnecessary ER visits
- West Virginia should make Telehealth a priority before one of our neighboring states swoops in and takes care of these issues for us...

NEXT STEPS – State Action Plan

- Utilize and leverage anecdotal and empirical evidenced-base research to build case for:
 - Need
 - Policy language
 - Barrier reduction
- Develop cost vs benefit analysis
 - What does the health condition cost the state vs addressing through telehealth modalities?
 - Is compliance with treatment improved?
- Look to states who are “doing it right”

What we should have in West Virginia

- Reimbursement for telehealth should be the same as any traditional medical service
- By aligning and standardizing State Medicaid telehealth services
- Legislation similar to Virginia's that levels the playing field with all private payers
- Patient setting language needs to be removed
- Geographic restrictions to services in West Virginia make no sense
- Provider "type" restrictions need to be removed or revised

A Glimpse into the Future

Dan Weberg, Director of Nursing Innovation at Kaiser Permanente gave an amazing talk at the 2015 Mid Atlantic Telehealth Resource Centers Summit. He takes a glimpse into the potential for telehealth health use in today's landscape.

- Please take a moment on your own and see how telehealth could work in our everyday lives using technology we have today.
- Go to: <http://www.matrc.org/>
- Click on the Annual MATRC Summit / 2015 MATRC Summit and select speakers. Select Dan Weberg and view his presentation.

Questions?

- Contact us:
- Christopher Budig, WVTA Executive Director, cabudig@wvtelehealth.org
- Dr. Maggie Jaynes, Director and Section Chief, Department of Pediatrics WVU. mjayne@hsc.wvu.edu
- Pam Smithson, RN Director Clinical Programs, Davis Memorial Hospital. smithsonp@dhsww.com